

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>GA</i>	<i>67814</i>	<i>5/14/00</i>
O.I.P.E. CLASSIFIER		<i>12</i>	<i>5/11</i>
FORMALITY REVIEW		<i>7/6/22</i>	<i>7-5-00</i>
RESPONSE FORMALITY REVIEW		<i>7/6/22</i>	<i>9/6/00</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 +- ..... Restricted      O ..... Objected

BEST AVAILABLE COPY

Claim	Date
Final Original	
1	5/14/00
2	5/14/00
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Claim	Date
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If more than 150 claims or 10 actions  
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